

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
11/21/2003

CALIFORNIA  
FORM **465**

from 9/21/2003

through 12/31/2003

Date of election if applicable:  
(Month, Day, Year)

10/7/2003

Page 1 of 2

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM1

☐ Amendment (Explain Below)

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1257926

COMMITTEE/FILER'S NAME

Californians for Government Accountability - No on the Governor's Recall - Yes on Bustamante

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Beverly Hills CA 90211 (310)854-4444

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Ray Boucher

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Beverly Hills CA 90211 (310) 854-4444

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Cruz Bustamante

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Governor

CHECK ONE

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN.1 - DEC.31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
9/22/2003	CTA/Association for Better Citizenship PAC Burlingame, CA 94010	Voter Contact	\$2,100.00	\$9,247.47
9/22/2003	CTA/Association for Better Citizenship PAC Burlingame, CA 94010	Phonebank	\$600.00	\$9,247.47

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from	9/21/2003	
through	12/31/2003	Page 2 of 2

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NAME OF FILER

Californians for Government Accountability - No on the Governor's Recall - Yes on Bustamante

I.D. NUMBER (If recipient com.)

1257926

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.).....	\$2,700.00
2. Total independent expenditures under \$100 made this period. (Not itemized.).....	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)..... <b>TOTAL</b>	\$2,700.00

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Sacramento CA 95814

2) NAME OF FILING OFFICER

Los Angeles County Registrar Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Norwalk CA 90650

3) NAME OF FILING OFFICER

San Francisco County Registrar Recorder

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

San Francisco CA 94102

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/11/2003

DATE

Executed on 11/11/2003

DATE

Executed on

DATE

Executed on

DATE

By Boucher Boucher Boucher Boucher

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Boucher Boucher Boucher Boucher

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT